

Case Number:	CM15-0098987		
Date Assigned:	06/01/2015	Date of Injury:	07/10/2013
Decision Date:	07/17/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 47 year old female who sustained an industrial injury on 07/10/2013. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having thoracic musculoligamentous strain/sprain; L4-L5 disc protrusions with annular tear with lumbar intervertebral foraminal encroachment, per medical records; bilateral shoulder strain/sprain; sleep disturbance secondary to pain; and depression, situational. Treatment to date has included chiropractic care. Currently, the injured worker complains of pain in the mid/upper back, lower back, and bilateral shoulders. She rates her worst pain in the mid/upper back and lower back as a 7/10 which is decreased from a 9/10. She rates her pain in the right shoulder as a 5/10 (decreased from 9/10), and the pain in her left shoulder is rated at 4/10 (decreased from 9/10). On examination of the thoracic spine, there is grade 2 tenderness to palpation over the paraspinal muscles. In the lumbar spine, there is grade 4 tenderness to palpation over the paraspinal muscle and grade 3 palpable spasms. Range of motion is restricted, and straight leg raise test is positive bilaterally. The bilateral shoulders have grade 2 tenderness to palpation with restricted range of motion. Supraspinatus tests are positive. The treatment plan includes acupuncture, valium, and a urine toxicology screen. Requests for authorization are made for: 1.Urine toxicology; 2. Valium 5mg #60; 3. Acupuncture 2 x 6 (12 visits).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December." The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urine toxicology is not medically necessary.

Valium 5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The medical documentation indicates this patient is not on chronic benzodiazepine therapy. The treating physician has provided documentation of muscle spasms. The request is for 4 weeks of medications, which is

within guideline recommendations. As such, the request for Valium 5mg #60 is medically necessary.

Acupuncture 2 x 6 (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications is not tolerated. ODG states regarding Acupuncture of the neck and upper back, "Under study for upper back, but not recommended for neck pain." Additionally, "ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks." Medical documentation provided does not indicate objective functional improvement with prior acupuncture therapy. The acupuncture treatment notes provided indicate that the patient reports symptoms are "the same". Without continued functional improvement, additional sessions are not warranted. As such, the request for Acupuncture 2 x 6 (12 visits) is not medically necessary.